

See Page 4 Instructions before completing.

p. 1 of 5

Part 1: Distributor Identification									
Company Name FEIN									
Mailing Address									
City	State		Zip Code						
Phone	Fax		Web Address						
Illinois Business Tax Number			Cigarette Licens	Cigarette License No. TP License No.					
Name and title of person completing this form									
Part 2: Questions relating to your business									
Our sales of tobacco product	s represent (Ch	eck all th	at apply)						
□ Cigarettes stamped by	1 1	RYO/MYO for which WE PAY the Illinois OTP tax							
□ Unstamped Cigarettes		O/MYO for which OTHER ENTITY PAYS the Illinois OTP tax							
☐ Cigarettes which have a STAMPED BY ANOTHI		□ Ciga	gars □ Other:						
STAWN ED DI ANOTHI	•	□ "Little	e Cigars"						
Our sales of tobacco products are to the following (Check all that apply)									
☐ Sales to other distributo									
□ Sales to retailers									
Part 3: Purchases of II	linois Cigare	tte Sta	mps						
The undersigned certifies, ur cigarette stamp purchases a	ider penalty of p	erjury, as	of the date of			_	f Illinois		
Month Stamps Stamp (20 per pack) (25 per pa		Retu (25 per	IVIONIN	Stamps (20 per pack)	Stamps (25 per pack)	Returns (20 per pack)	Returns (25 per pack)		
JAN			JUL						
FEB			AUG						
MAR			SEP						
APR			ОСТ						
MAY			NOV						
JUNE DEC									
Illinois Stamp Inventory on hand January 1, 2011: 20 25									
Illinois Stamp Inventory on hand	d January 1, 2012	: 20			25				



p. 2 of 5

Part 4: Illinois Brand Family Sales (Attach Brands Addendum pages as necessary)

The undersigned distributor certifies, under penalty of perjury, as of the date of this certification, that the following list is a complete list of all of the cigarette brand families (including RYO/MYO tobacco) which were sold during 2011 for purposes of Section 15 of the Escrow Act.

- · List only cigarettes which you stamped and RYO/MYO for which you paid the Illinois OTP tax.
- List Brand Families only, NOT brand styles (menthol, regular, full flavor, etc.).
- INCLUDE BOTH PARTICIPATING AND NON-PARTICIPATING BRANDS.

Brand Family Mark with an asterisk (*)	Manufacturar	Check One	Check One: Participating	Sales Volume (Do not convert RYO to sticks.)			
if you sell this brand over the internet or by mail order	Manufacturer	Only	or Non- Participating	Cigarette Sticks	RYO Ounces		
		□ Cigarette □ RYO	□ PM □ NPM				
		□ Cigarette □ RYO	□ PM □ NPM				
		□ Cigarette □ RYO	□ PM □ NPM				
		□ Cigarette □ RYO	□ PM □ NPM				
		□ Cigarette □ RYO	□ PM □ NPM				
		□ Cigarette □ RYO	□ PM □ NPM				
		□ Cigarette □ RYO	□ PM □ NPM				
		□ Cigarette □ RYO	□ PM □ NPM				
		□ Cigarette □ RYO	□ PM □ NPM				
		□ Cigarette □ RYO	□ PM □ NPM				
		□ Cigarette □ RYO	□ PM □ NPM				
		□ Cigarette □ RYO	□ PM □ NPM				
		□ Cigarette □ RYO	□ PM □ NPM				
		□ Cigarette □ RYO	□ PM □ NPM				
		□ Cigarette □ RYO	□ PM □ NPM				
		□ Cigarette □ RYO	□ PM □ NPM				



p. 3 of 5

Part 5: Little C	igars (Attach Little C	gars Addendum pa	ages a	s necessary.)	You must check	Yes or No.
Does your busines	ss sell Little Cigars in III	inois? \square Yes		No		
f yes, list the bran	d, manufacturer, and s	ales volume (in stid	cks) be	elow:		
Brand	Manufacturer	Sticks		Brand	Manufacture	r Sticks
Part 6: Interne	t/Mail Order Sales			You mu	st check Yes or l	No.
			Inte	net Sales		der Sales
Are Illinois cigarette stamps affixed to cigarettes sold via internet or mail order?				Yes		
				net Sales		der Sales
Are Internet/Mail Order sales made with permission of the manufacturer?			<u></u>	Yes	<u></u>	
				No		
☐ No ☐ No If yes, list the manufacturers:						,
-	s, please provide the w	ebsite address(es)	that a	re used for the	e sales:	
	, p					
For Mail Order sales, please identify the publications or other venues where the products are advertised:						
Part 7: Vendin	g Machine Sales			Yo	ou must check Y	es or No.
oes your busines	ss sell cigarettes to reta	ilers that sell cigar	ettes v	ia vending ma	achines? 🗆 Y	es □ No
If Yes, on a	separate sheet, provide	the name, addres	ss and	phone numbe	er for each custom	ner.



p. 4 of 5

Part 8: Multi-State Stampers			You m	nust check Yes or	No.		
Are you licensed in states other than Illinois to stamp cigarettes?				Yes	□ No		
If yes, please list ALL states in which you were licensed in 2011 to stamp cigarettes:							
Are you licensed in states other	than Illin	ois to pay the OTP tax?		Yes	□ No		
If yes, please list ALL state	es in whi	ich you were licensed in 20	011 to pay the	OTP tax:			
Part 9: Industry Shipme	ent Re	eporting		You n	nust check Yes or	No.	
Do you report sales to Manag	ement S	Science Associates, Inc.	(MSAI)?		Yes		No
If yes, please mark all years fo	or which	h sales were reported to	MSAI.				
□ 1999		2000 🗆	2001		2002		2003
□ 2004		2005	2006	_	2007	_	2008
□ 2009		2010	2011	_	2007	_	2000
Do you report sales to any oth			2011		Yes		No
		-	vide informat				NO
If yes, list all manufacturers or	outer e	endices to whom you pro	vide illiolillat	lon regard	ing sales in illinois.		
List all manufacturers for which you have contracts, agreements or some other arrangement to report sales information.							
Rest 40. Resignated Contact							
Part 10: Designated Contact							
Name Title							
Mailing Address							
City	State		Zip Code				
Phone	Fax		E-mail				



p. 5 of 5

Part 11: Distributor Certification							
Under penalties of perjury, I state that, to the best of my knowledge, all of the information contained in this Affidavit and any attached documents are true and accurate. <i>This document must be signed and dated by an authorized notary public.</i>							
Distributor's Designee (Print Name)	Title						
Signature of Distributor's Designee	Date						
Subscribed and sworn to before me this date:							
	Signature of Notary Public						
	County	CCommission Expires					

Mail by January 20, 2012

Submit the completed Affidavit to:

Illinois Attorney General Tobacco Enforcement Bureau 500 South Second Street Springfield IL 62706

For Additional Forms and Information

Phone (217) 785-8541 Fax (217) 524-4701

www.lllinoisAttorneyGeneral.gov (Click on Tobacco)

Instructions:

- All cigarette licensees must complete this Affidavit, regardless of whether they sold tobacco products during 2011.
- Do not include product which was stamped by another licensee.
- Where one company holds a number of licenses, each license holder must complete a separate Affidavit. The license holder that stamps or pays the Illinois OTP tax must complete Parts 3-5.
- Respond to each item. If a question does not apply, please explain.
- Distributors are responsible for their own calculations. If computer reports are provided in response to Parts 4 and 5, they must include the total for 2011 by brand family.
- Use Addendum forms as needed. Attach additional pages where explanations are required.

Definition:

"Little Cigars" as used in Part 2 and Part 5 refer to small cigars, sized like cigarettes, but in brown wrappers and often sold in packs of 20 that resemble cigarette packs which are likely to be offered to be purchased by consumers as a cigarette. "Little Cigars" do NOT include small cigars such as Swisher Sweets.